



ODISHA UNIVERSITY OF TECHNOLOGY AND RESEARCH
Techno Campus, Mahalaxmi Vihar, Ghatikia, Bhubaneswar-751029.

Form No. OUTR-PhD-22/13.1.h

PART A: APPLICATION BY THE CANDIDATE FOR Ph.D. REGISTRATION

Sir/ Madam,

I have completed all the requirements for Ph.D. Registration (as indicated below) and request you to allot registration number for the Ph.D. programme.

1	Name of the Candidate	
2	Mobile No. and email	
3	Name of the School/ Department	
4	Category (Full Time/Part Time/ Executive)	
5	Enrollment No. & Date of Enrollment	
6	Title of proposed Ph.D. Work	
7	Name of Supervisor	
8	Name of Co-Supervisor (if any)	
9	*Course work completion status	Completed
10	Residential requirements status	Completed/N.A.
11	Comprehensive Examination Status	CGPA: __ __, Semester: __, Attempt (1 st / 2 nd):

*Course work completion details:

Sl. No.	Name of Course	Code	Semester	Grade	Credit
1					
2					
3					
4					
5					
6					
7					
8					
Total Credits Completed					
Total Credits Required					

Encl:

1. Copy of course completion certificate.
2. Copy of Fee receipts.

Date:

Full Signature of the Candidate



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PART B: RECOMMENDATION OF DSC FOR PH.D. REGISTRATION

1	Name of the Candidate	
2	Mobile No. and email	
3	Name of the School/ Department	
4	Category (Full Time/Part Time/ Executive)	
5	Enrollment No. & Date of Enrollment	
6	Title of proposed Ph.D. Work	
7	Name of Supervisor	
8	Name of Co-Supervisor (if any)	
9	Course work completion status	Completed
10	Residential requirements status	Completed/ N.A.
11	Comprehensive Examination Status	CGPA: __ __, Semester: __ __, Attempt (1 st / 2 nd):

Specific Recommendation:

- a) On successful completion of Ph.D. Registration Seminar held on _____, and assessment of suitability/ feasibility of the Plan and the capability/ preparedness of the candidate, the above candidate is hereby **Recommended** for issue of registration number for the Ph.D. program.

OR

- b) On completion of Ph.D. Registration Seminar held on _____, and assessment of suitability/ feasibility of the Plan and the capability/ preparedness of the candidate, the above candidate is hereby asked to modify his/ her plan incorporating the suggestions made and resubmit it within _____ (as recommended by DSC).

(Member)

(Member)

(Member)

(Supervisor)

(Co-Supervisor)

(Chairperson, DSC)

Date:
